

PLEASE PRINT ALL
INFORMATION
REQUESTED EXCEPT
SIGNATURE



LivingstonHealthCare

OFFICE USE ONLY:

Date received:

Date logged:

Reviewed by:

Please send completed application to:

504 South 13th Street
Livingston, MT 59047-3798

HR Dept. Phone: 406-222-5010
HR Dept. Fax: 406-222-5098

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, sexual orientation, or any other legally protected status.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long at current address? _____ Social Security No. _____ - _____ - _____

Telephone () _____ Cell () _____

Are you under age 18 ____YES ____NO, if "YES," can you provide proof of your eligibility to work? ____YES ____NO

Are you currently authorized to work in the United States? ____YES ____NO. Proof of eligibility will be required if hired.

Position applied for: _____
Wage desired: _____
(Be specific)

Days/hours available to work:

Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____
Thur _____ No Pref. _____

Shift desired: ____1st ____2nd ____3rd ____12-hr. Can you work weekends? _____ Can you work overtime? _____

Employment desired: ☐ FULL-TIME ONLY ☐ PART-TIME ONLY ☐ FULL- OR PART-TIME ☐ PRN STATUS

When are you available to start work? _____

Have you ever filed an application with us before? ____Yes ____No If yes, give date: _____

Have you ever been employed with us before? ____Yes ____No If yes, give dates: _____

Are you related to any employee of LHC? ____Yes ____No If yes, list name and relation: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ____Yes ____No
(Proof of citizenship or immigration status will be required upon employment.)

Are you currently on "lay-off" status and subject to recall? ____Yes ____No

Can you travel if a job requires it? ____Yes ____No

Form4/24/06

LIVINGSTON HEALTHCARE IS AN EQUAL OPPORTUNITY EMPLOYER

PLEASE LET US KNOW IF YOU NEED ACCOMMODATION IN ORDER TO COMPLETE THIS APPLICATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

CRIMINAL RECORD INFORMATION: Have you ever pled guilty or been convicted of a crime other than a minor traffic violation? ☐ No ☐ Yes (A conviction record will not necessarily disqualify you from employment.)

If yes, give conviction date, crime convicted of, law enforcement agency, court jurisdiction, disposition, and type(s) of rehabilitation, if applicable: _____

Indicate any foreign languages you can speak, read, and/or write.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship skills, or extra-curricular activities:

Describe any job-related training received in the United States military:

List job-related professional, trade, or business activities / offices held. (Please do not list any membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

Licenses & Certifications

Type of License or Certification	License / Cert. #	From (Month – Year)	To (Month – Year)

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APPLICATION FOR EMPLOYMENT

OFFICE
POSITIONS ONLY

Typing ☐ Yes ☐ No _____ WPM 10-key ☐ Yes ☐ No Personal Computer ☐ Yes ☐ No PC Mac ☐

Other Skills:

FOR ALL POSITIONS

Please list two references other than relatives.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____

E-mail address _____

E-mail address _____

Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.

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APPLICATION FOR EMPLOYMENT

MILITARY BACKGROUND

HAVE YOU EVER BEEN IN THE ARMED FORCES?

☐ Yes ☐ No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?

☐ Yes ☐ No

Specialty _____ Date Entered _____ Discharge Date _____

**WORK
EXPERIENCE**

Please list your work experience for at least your past 4 employers. All employers for at least the **past seven years must be listed**, beginning with your most recent job held. If you were self-employed, give business name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your last job title			

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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		From To	Start Final
Your Last Job Title			

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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer? ☐ Yes ☐ No

Did you complete this application yourself? ☐ Yes ☐ No If not, who did? _____

Please indicate if you are able to perform the essential functions of the job for which you have applied ____ Yes ____ No.
If you are unsure of the duties relating to this job, you may request a job description to be provided for your review. If you answered "No," please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe:

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ___ Yes ___ No Date of Interview _____

Remarks _____

Conditional offer of employment made? ___ Yes ___ No

Earliest date employment may begin _____

Job Title _____ Dept. _____ Hrly rate / Salary _____

By: _____
Name and Title Date

NOTES:



REFERENCE LETTER

INSTRUCTIONS TO APPLICANT:

1. A copy of this form will be sent to your previous employers.
2. Do NOT complete the Company Name and Address section.
3. Read statement "TO EMPLOYER ADDRESSED" and sign your name. Show social security number and other name used, if applicable.

Company Name: _____ ATTN: _____

Address: _____ City, State, Zip Code _____

TO EMPLOYER ADDRESSED:

I have applied for employment with Livingston HealthCare and request that you furnish the information below which will be used in determining my suitability for employment. I hereby release you from any and all liability and damage of any nature regarding the release of the requested information.

Applicant's Signature Other Name Used (if applicable) SS# _____

EMPLOYMENT REFERENCE VERIFICATION

Dates of employment (month and year): From: _____ To: _____
Position held: _____ Last Salary: _____
Reason for leaving: _____

Please rate applicant on the following:

	Excellent	Good	Average	Below Average
Adaptability/Flexibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance/Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude/Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/Ambition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Appearance/Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is applicant eligible for rehire? Yes ☐ No ☐ (If no, please explain below)

Remarks: _____

Signature: _____ Title: _____ Date: _____

Supplemental Data

You are not required to answer the following questions; your submission of this information is voluntary. The information will not be used in the Hospital's consideration of your application. This information is used for governmental reporting and for demographic data analysis. You may ignore this section if you wish.

RACE / HANDICAPPED / VETERAN INFORMATION. Please check all that apply.

- ☐ **White**
- ☐ **Black**
- ☐ **Asian**
- ☐ **Hispanic**
- ☐ **Pacific Islander**
- ☐ **American Indian / Alaskan Native**
- ☐ **Handicapped Individual**
- ☐ **Disabled Veteran**
- ☐ **Vietnam Era Veteran**

Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

(Carefully read this authorization to release information about you, then fill out, sign and date in black ink. You may retain a copy for your records. **Please print very clearly.**)

I authorize my employer or prospective employer, through their investigative agent, **Orion International Corporation**, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, retail business establishments, motor vehicle/registration departments, credit bureaus, consumer reporting agencies, collection agencies, or other sources of information. I also authorize **Orion International Corporation** and my employer to conduct drug screening tests.

This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, driving and motor vehicle record, and financial and credit information.

I authorize **Orion International Corporation** to disclose the record of my background investigation to my employer or prospective employer.

I authorize, **and request**, custodians of records and other sources of information pertaining to me to release such information to **Orion International Corporation** regardless of any previous agreement to the contrary.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for one (1) year from the date signed or upon my termination of my employment with the employer, whichever is sooner.

Full and complete name (printed): _____

Other names used (printed): _____

Date of birth: _____ Social security number: _____

Signature: _____ Date signed: _____